



Allied Health • Orthotics and Prosthetics

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Policy Revisions to the 2005 HCPCS Update, Effective November 1, 2005

Medi-Cal policy for the 2005 Healthcare Common Procedure Coding System (HCPCS) National Level II codes was published in previous *Medi-Cal Updates*. The changes that follow are effective for dates of service on or after November 1, 2005.

Reimbursement Adjustments for Select Durable Medical Equipment and Prosthetic Appliance HCPCS Codes

Due to recent corrections to the Medicare rates for HCPCS codes E0971, E1038, E1039 and L5685, Medi-Cal reimbursement rates have also been adjusted. Claims paid for the following HCPCS codes for dates of service on or after November 1, 2005 will be automatically reprocessed.

HCPCS Code	Rental Rate	Purchase Price
E0971	\$ 4.34	\$ 43.39
E1038	18.03	216.36
E1039	34.20	410.40
L5685	N/A	80.66

HCPCS code L5685 is not reimbursable to podiatrists, and is limited to two in six months.

Reimbursement Restrictions for Power Wheelchair Accessories

HCPCS codes E2368 (power wheelchair component, motor, replacement only) and E2369 (power wheelchair component, gear box, replacement only) are not reimbursable when billed for the same month of service as code E2370 (power wheelchair component, motor and gearbox combination, replacement only).

This information is reflected on manual replacement pages dura cd 9 and 20 (Part 2) and ortho cd2 7 (Part 2).

2006 CPT-4/HCPCS Code Update Reminder

The 2006 updates to the *Current Procedural Terminology*, Fourth Edition, (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) Level II codes become effective for Medicare on January 1, 2006. The Medi-Cal program has not yet adopted the 2006 updates. Do not use 2006 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

Provider Restrictions for O & P Reimbursement

Providers are reminded that effective for dates of services on or after October 1, 2003, only physicians, podiatrists, certified orthotists and prosthetists may be reimbursed for orthotic and prosthetic appliances. Codes with double asterisks (**) in the *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates — Orthotics* section of the provider manual are also reimbursable to pharmacists.

Reminder that Prosthetic Burn Garments Require a TAR

Providers are reminded that custom fabricated compression burn garments (HCPCS codes A6501 – A6511) require *Treatment Authorization Requests* (TARs) and they are prosthetic codes billed “By Report.” Additional prior authorization information for prosthetic suppliers is located in provider manual section *Orthotic and Prosthetic Appliances*.

New CCS Service Code Grouping 09 for Chronic Dialysis Clinics

Chronic Dialysis Clinics are identified with unique Service Code Grouping (SCG) 09 to facilitate the diagnosis and treatment of California Children’s Services (CCS) clients, effective retroactively for dates of service on or after July 1, 2004. SCGs allow providers to submit a single code on a Service Authorization Request (SAR) that represents a wide range of services. If the SAR is approved, all codes in the Service Code Grouping identified on the SAR are reimbursable.

The updated information is reflected on manual replacement page cal child ser 22 (Part 2).

CCS Service Code Groupings Update

A number of codes have been added and deleted from the Service Code Grouping (SCG) tables for the California Children’s Service (CCS) program. In addition, for provider convenience each added or deleted code is accompanied by a symbol that relates directly to each code’s effective date. Codes with a † have an effective date of October 18, 2004, while codes with a †† have an effective date of November 1, 2005. Codes without a symbol are effective July 1, 2004. Codes marked for deletion also have a line through each code.

The updated information is reflected on manual replacement pages cal child ser 1, 3 thru 17 and 20 (Part 2).

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Remove and replace: cal child ser 1 thru 22
dura cd 9/10 and 19/20
hcpcs iii 3/4*
medi non hcp 1 thru 3*
medi pro med 1*
modif app 1 thru 7*
ortho cd2 7/8

* Pages updated due to ongoing provider manual revisions.